PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
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Complete if Known

| Ef  | Complete if Known                         |                                  |                                      |                   |                          |                   |  |  |  |
|---|---|----------------------------------|--------------------------------------|-------------------|--------------------------|-------------------|--|--|--|
| Fees pursuant to the Cons   | Application Number 10/811,246-Conf. #9013 |                                  |                                      |                   |                          |                   |  |  |  |
| FEE T   | Filing Date March 29, 20                  |                                  |                                      |                   |                          |                   |  |  |  |
| For FY 2009   |   |                                  | First Named Inventor Takashi Hira    |                   |                          | awa               |  |  |  |
|   | Examiner Name L. Y. Lao                   |                                  |                                      |                   |                          |                   |  |  |  |
| Applicant claims small entity status. See 37 CFR 1.27   |   |                                  | Art Unit 2629                        |                   |                          |                   |  |  |  |
| TOTAL AMOUNT OF PA  | Attorney Docket No. SON-1659/CON          |                                  |                                      |                   |                          |                   |  |  |  |
| METHOD OF PAYN  | METHOD OF PAYMENT (check all that apply)  |                                  |                                      |                   |                          |                   |  |  |  |
| Check Credit Card Money Order None Other (please identify):   |   |                                  |                                      |                   |                          |                   |  |  |  |
| x Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC  |   |                                  |                                      |                   |                          |                   |  |  |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  |   |                                  |                                      |                   |                          |                   |  |  |  |
| x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  |   |                                  |                                      |                   |                          |                   |  |  |  |
| Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  |   |                                  |                                      |                   |                          |                   |  |  |  |
| FEE CALCULATIO  |   |                                  | <del></del>                          |                   |                          |                   |  |  |  |
| 1. BASIC FILING, SEA  | RCH, AND E                                | XAMINATION FEES                  |                                      |                   |                          |                   |  |  |  |
|   | FI  |                                  | ARCH FEES                            | EXAMINA           | TION FEES                | 3                 |  |  |  |
| Application Type  | Fee (\$                                   | Small Entity<br>) Fee (\$) Fee ( | Small Entity  \$) Fee (\$)           | Fee (\$)          | Small Entity<br>Fee (\$) | Fees Paid (\$)    |  |  |  |
| Utility   | 330                                       | 165 540                          | 270                                  | 220               | 110                      |                   |  |  |  |
| Design  | 220                                       | 110 100                          | 50                                   | 140               | 70                       |                   |  |  |  |
| Plant   | 220                                       | 110 330                          | 165                                  | 170               | 85                       |                   |  |  |  |
| Reissue   | 330                                       | 165 540                          | 270                                  | 650               | 325                      |                   |  |  |  |
| Provisional   | 220                                       | 110                              | 0                                    | 0                 | 0                        |                   |  |  |  |
| 2. EXCESS CLAIM FE  | ES  |                                  |                                      |                   |                          | Small Entit       |  |  |  |
| Fee Description Fee (\$)  |   |                                  |                                      |                   |                          |                   |  |  |  |
| Each claim over 20 (including Reissues) 52  |   |                                  |                                      |                   |                          |                   |  |  |  |
| Each independent clair  |   |                                  |                                      | 220 110           |                          |                   |  |  |  |
| Multiple dependent cla  | aims                                      |                                  |                                      |                   |                          | 390 195           |  |  |  |
| Total Claims  | Extra Claim                               | s <u>Fee (\$)</u>                | Fee Paid (\$)                        |                   | Itiple Depend            |                   |  |  |  |
| - or HP<br>HP = highest number of to  |   | x =                              |                                      | Fee               | <u>(\$)</u>              | Fee Paid (\$)     |  |  |  |
| Indep. Claims   | Extra Claim                               |                                  | Fee Paid (\$)                        |                   |                          |                   |  |  |  |
| or HP   | =   | _ x =                            |                                      |                   |                          |                   |  |  |  |
| HP = highest number of independent claims paid for, if greater than 3.  |   |                                  |                                      |                   |                          |                   |  |  |  |
| 3. APPLICATION SIZE FEE   |   |                                  |                                      |                   |                          |                   |  |  |  |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 |   |                                  |                                      |                   |                          |                   |  |  |  |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).   |   |                                  |                                      |                   |                          |                   |  |  |  |
| <u>Total Sheets</u>   | Extra Sheet                               |                                  | additional 50 or fra                 |                   | Fee (\$)                 | Fee Paid (\$)     |  |  |  |
| - 100 = /50 = (round up to a whole number) x =  |   |                                  |                                      |                   |                          |                   |  |  |  |
| 4. OTHER FEE(S) Fees Paid (\$)  |   |                                  |                                      |                   |                          |                   |  |  |  |
| Non-English Specification, \$130 fee (no small entity discount)   |   |                                  |                                      |                   |                          |                   |  |  |  |
| Other (e.g., late filing surcharge): 1403 Request for oral hearing 1,080.00   |   |                                  |                                      |                   |                          |                   |  |  |  |
| SUBMITTED BY  |   |                                  |                                      |                   | T                        |                   |  |  |  |
| Signature   | W,  | 11 40,290                        | Registration No.<br>(Attorney/Agent) | 24,104/<br>40,290 | Telephone                | (202) 955-3750    |  |  |  |
| Name (Print/Type) Rona  | ald P. Kapan                              | en/Christopher M. Tob            | oin                                  |                   | Date                     | November 21, 2008 |  |  |  |



PTO/SB/32 (10-08)
Approved for use through 11/30/2008. OMB 0651-0031
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| REQUEST FOR C   |   | Docket Number (Optional)                                      |                   |  |  |  |  |
|---|---|---|-------------------|--|--|--|--|
| BEFO  |   |   | SON-1659/CON      |  |  |  |  |
| THE BOARD OF PATENT APPEALS AND INTERFERENCES   |   |   |                   |  |  |  |  |
|   | In re Application of Takashi Hirakawa et al.  |   |                   |  |  |  |  |
|   | Application Number  |   | Filed             |  |  |  |  |
|   | 10/811,246-Conf. #9013  |   | March 29, 2004    |  |  |  |  |
|   | For LIQUID-CRYSTAL DISPLAY APPARATUS AND THREE-PANEL LIQUID-CRYSTAL DISPLAY PROJECTOR |   |                   |  |  |  |  |
|   | Art Unit 2629   | Examine   | er C. E. Leiby    |  |  |  |  |
| Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences in the appeal of the above-identified application.   |   |   |                   |  |  |  |  |
| The fee for this Request for Oral Hearing is (37 CFR 41.20(b)(3)) \$ 1,080.00   |   |   |                   |  |  |  |  |
| Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:   |   |   |                   |  |  |  |  |
| A check in the amount of the fee is enclosed.   |   |   |                   |  |  |  |  |
| Payment by credit card. Form PTO-2038 is attached.  |   |   |                   |  |  |  |  |
| The Director has already been authorized to charge fees in this application to a Deposit Account.  I have enclosed a duplicate copy of this sheet.  |   |   |                   |  |  |  |  |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 18-0013  |   |   |                   |  |  |  |  |
| A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550.   |   |   |                   |  |  |  |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorizationເວກ PTO-2039.  |   |   |                   |  |  |  |  |
| I am the  |   |   |                   |  |  |  |  |
| applicant/inventor.   |   | 20  | Signature         |  |  |  |  |
| assignee of record of the entire in See 37 CFR 3.71. Statement un (Form PTO/SB/96)  | nterest.<br>der 37 CFR 3.73(b) is enclosed.   | Ronald P. Kananen/ Christopher M. Tobin Typed or printed name |                   |  |  |  |  |
| x attorney or agent of record.  |   |   | November 21, 2008 |  |  |  |  |
| Registration number 24,104/40,290 Date  |   |   |                   |  |  |  |  |
| attorney or agent acting under 37   | 7 CFR 1.34.   |   |                   |  |  |  |  |
| Registration number if acting under 37  | CFR 1.34.   | (202) 955-3750  |                   |  |  |  |  |
| Telephone number  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.  Submit multiple forms if more than one signature is required, see below*. |   |   |                   |  |  |  |  |
| X *Total of 1 forms are subm  | nitted.   |   |                   |  |  |  |  |

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